

The *Indicators for School Health Programs*. The Essential Facts

This brief discusses the purpose of the DASH *Indicators for School Health Programs* and how they are used; its topic areas; data collection responsibilities; and data submission. There are two versions of the *Indicators for School Health Programs*: one for state education agencies (SEAs) and local education agencies (LEAs) working in HIV prevention, and one for SEAs working in coordinated school health programs (CSHP).

Indicators for School Health Programs: Definition, Purpose, and Characteristics

Indicators for School Health Programs (referred to as the *Indicators*) provide some DASH funded partners (state and local education agencies) with a common set of measures to document their programs' activities, development, and implementation.

The *Indicators* are specific, in that they provide a clear description of what should be measured; they are neutral and objective, rather than targets for achievement; and they are measurable, either with quantitative (expressed in numbers) or qualitative (expressed in words) data.

The *Indicators* do not document everything that your program is doing and only reflect primary activities funded by DASH. Although many of the *Indicators* measure the quantity of what you do, they need not reflect an increase in every activity, every year. Instead, they should reflect your work plan objectives and logic model.

Uses of the Indicators Data by DASH

DASH uses the *Indicators* to —

- Generate reports on funded partner activities and accomplishments.
- Identify implications or recommendations for future programs.
- Showcase significant and unique program achievements.

- Inform decision makers and stakeholders on national program progress.

Uses of the *Indicators* Data by DASH Funded Partners

DASH funded partners working in HIV prevention and CSHP can use the *Indicators* to -

- Compare the program description (expected program outputs) to actual accomplishments; identify gaps in activities, staff, and resources; and generate recommendations to improve the program.
- Facilitate future program planning.
- Prepare reports and presentations to inform and update program staff, partners, participants, and community members of the progress achieved.
- Incorporate the data into communication and marketing strategies for partners, collaborators, other community agencies, funders, and potential donors.
- Seek financial support for additional resources or staffing in order to improve program efficiency or expand their program's scope.

Topic Areas Covered by the Indicators

The following topic areas are common to both HIV and CSHP *Indicators*: policy; curricula and instruction; assessment of student performance; external collaboration; project planning; and other information and activities. The following topic areas are exclusive to CSHP *Indicators*: joint activities of the state education agency and the state health agency;

activities of the CSHP Statewide coalition; targeting youth disproportionately affected by chronic disease; and health promotion programs and environmental approaches. For the HIV *Indicators*, targeting priority populations is an exclusive topic area. Within all the topic areas, data are collected on material distribution, professional development events, and individualized technical assistance.

Responsibility for Data Collection

Staff who have the skills for data collection and management of the *Indicators* should be identified. DASH suggests that funded partners designate one person to be responsible for ensuring the data are recorded in a systematic and coordinated fashion, to maintain continuity and ensure consistency in the process.

Funded partners should identify the appropriate *Indicators* for monitoring their work plan goals, SMART objectives, and logic model outputs and outcomes.

Not every program activity will have a relevant DASH *Indicator*, and more than one *Indicator* can measure progress towards achieving program goals and objectives. Program staff may also think of other performance measures that can be collected to monitor the progress of their program's development and implementation.

How Are the Data Submitted to CDC?

The *Indicators for School Health Programs* data can be submitted to CDC either in paper and pencil form or through a Web-based system. The latter is preferable because it will ensure consistency and accuracy in data reporting through the *Check my work* function on the Web.

Each funded partner can access their *Indicators* questionnaire by logging in at <http://apps.nccd.cdc.gov/DASHWebSurvey/Login.aspx>; selecting the appropriate survey to complete;

and then following the **Begin Survey** link from the **Home** page. To access the **Survey Home** page, click the current year's **HIV SEA/HIV LEA/CSHP Indicators** tab.

On the **Survey Home** page, grantees should click the appropriate link to print a copy of their current survey or a blank survey.

Surveys can be saved at any time by selecting the **Save Survey** link on the **Tools Links** area of any survey page. Work is also saved as funded partners navigate between pages, complete a section, or exit the survey. Once a survey has been completed, it can be submitted from the **Survey Home** page by clicking the **Submit Survey** button.

The completed *Indicators* are due at DASH 90 days after the end of the budget period (the same time that the Financial Status Report is due).

Resources

Training Tracker is available at the Web site of the Rocky Mountain Center for Health Promotion and Education, Professional Development Partnership at <http://www.pdp-rmc.org/> (login required).

Manual Tracking templates can be found at <http://www.pdp-rmc.org/> (login required).

Indicators for School Health Programs are available at <http://www.cdc.gov/healthyyouth/evaluation/resources.htm> (login required).